PTO/SB/06 (08-03)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									759 85 1473		
CLAIMS AS FILED PART I (Cotumn 1) (Cotumn 2)							SMALL E	NTITY	OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE	
ASIC FEE 17 CFR 1.16(a))							s	OR		5	
OT/	L CLAIMS FR 1.16(q)		minus 20				x \$=		OR	x s=	
YDE	PENDENT CLAIM FR 1.16(b))	s	minus 3				x s =		OR	X \$=	
				7 CFR 1.16(d))			+5 =	_	OR	+; =	•
_							TOTAL		OR	TOTAL	
បមា		olumn 1 is less that							•		
0	CL	AIMS AS AME	NDED -	- PART II	·					OTHE	R THAN
7-	dloox	(Calumn 1)		(Column 2)	(Column 3)		SMALL E	NTITY	OR 1		ENTITY
į		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMEN	Total Grossijisce	. 20	Minus	"20	-		x \$=	1	OR	X \$=	
2	Independent (37 CFR 1,16(b))	. 3	Minus	<u></u> 3			x 8=		OR	× \$=	
ş		ATION OF MULTIPLE	DEPENDE	ENT CLAIM (37 CF	R 1,16(d))	ŀ	+1 =		OR	+5=	
J	/ /					ı	TOTAL ADO'L FEE		OR	TOTAL ADD'L FEE	
2	balli						AUDEFEE	- -	J	X00 C / CC	-
-/ 	11/0,6	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DMENT	Total D7 CFR 1.16(c))	20	Minus	" 20.	• _		x s=		OR	x s=	<u> </u>
띪	Independent (37 CFR 1,160d)	. 3	Minus	- 3	•]	x s=		OR	x s=	
ΨV		ATION OF MULTIPLE	E DEPEND	ENT CLAIM (37 CI	R 1.16(d))	1	+5 =		OR	+5 =	
نـــــ						j	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Calumn 1)		(Calumn 2)	(Column 3)				_		
ENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAI FEE
DME	Total	•	Minus	••	•	1	x \$=		OR	x s=	
	Independent (37 CFR 1,1803)	<u> </u>	Minus	***		1	x s=		OR	x s=	
AMEN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					1	+;		OR	+ \$=	
	I				•	_	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

"If the "Highest Number Previously Paid For" (Total or Independent) is the highest mamber found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD 11CRUSZ; KE Effective October 1, 2000 **CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN** OR **SMALL ENTITY** (Column 2) TYPE (Column 1) **TOTAL CLAIMS** FEE FEE RATE RATE OR BASIC FEE 710.00 BASIC FEE 355.00 **NUMBER EXTRA** * NUMBER FILED **FOR** TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18= OR minus 3 = INDEPENDENT CLAIMS X40= X80= OR MULTIPLE DEPENDENT CLAIM PRESENT +270= +135= OR * If the difference in column 1 is less than zero, enter "0" in column 2 OR TOTAL TOTAL **CLAIMS AS AMENDED - PART II** OTHER THAN **SMALL ENTITY** SMALL ENTITY OR (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST ADDI-ADDI-NUMBER PRESENT ⋖ REMAINING TIONAL RATE TIONAL RATE PREVIOUSLY ENDMENT AFTER **EXTRA** FEE FEE-PAID FOR **AMENDMENT** X\$18= Minus X\$ 9= **Total OR** = Independent Minus *** X80= X40= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS ADDI-ADDI-NUMBER PRESENT REMAINING TIONAL RATE TIONAL RATE **PREVIOUSLY EXTRA** ENT AFTER FEE FEE PAID FOR AMENDMENT AMENDM X\$18= Minus Total X\$ 9= OR Minus = Independent *** X80= X40= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 3) (Column 1) (Column 2) HOHEST CLAIMS ADDI-ADDI-NUMBER PRESENT REMAINING RATE TIONAL TIONAL RATE **AFTER PREVIOUSLY EXTRA** AMENDMENT FEE AMENDMENT PAID FOR FEE Minus X\$18= **Total** X\$ 9= OR Minus Independent X80= X40= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= OR " If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL OR ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT, FEE

""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Application or Docket Number